

TO: Postmaster



Client Case ID: STEVE JAMES

Law Firm ID: LEVENFEL

3/5/2008

**REQUEST FOR CHANGE OF ADDRESS AND BOX  
INFORMATION NEED FOR SERVICE OF LEGAL**

Please furnish the new address or the name and direct address (if a boxholder) for the following:

Name (if known) **GANESAN VISVABHATHY**  
**7529 RIDGEWOOD LANE**  
**BURR RIDGE, IL 60527**

The following information is provided in accordance with 39CFR 265.8(d)(8)(ii): There is no fee for providing boxholder information. The fee for providing change of address information is waived in accordance with 39CFR 265.8(d)(1) and (2) and corresponding Administrative Support Manual 362.44a and b.

1. Requesting Party Capacity Special Process Server
2. Statute or regulation that empowers the presenter to serve process (not required when presenter is an attorney or a party acting pro se except a corporation acting pro se must cite statute): 735 ILCS 5/12-2.1-202
3. Name of All Known Parties to  
Plaintiff: INDYMAC BANK FSB  
vs  
Defendant: GANESAN VISVABHATHY
4. Court Where Case Has Been or Will be Heard UNITED STATES DISTRICT COURT
5. The Docket Number or Other Identifying Number of Case (if assigned) 07CV6226
6. The Capacity in Which the Individual is to be Served Defendant Witness

**WARNING**

THE SUBMISSION OF FALSE INFORMATION EITHER (1) TO OBTAIN AND USE CHANGE OF ADDRESS INFORMATION OR BOXHOLDER INFORMATION FOR ANY PURPOSE OTHER THAN THE SERVICE OF LEGAL PROCESS IN CONNECTION WITH ACTUAL OR PROSPECTIVE LITIGATION OR (2) TO AVOID THE FEE FOR CHANGE OF ADDRESS INFORMATION COULD RESULT IN CRIMINAL PENALTIES INCLUDING A FINE UP TO \$10,000.00 OR IMPRISONMENT OF NOT MORE THAN 5 YEARS, OR BOTH (TITLE 18 U.S.C. SECTION 1001).

I certify that the above information is true and correct and that the address information is needed and will be used solely for service of legal process in connection with actual or prospective litigation.

**REQUESTING PARTY**

STERN PROCESS & INVESTIGATION, LLC

Ind ID 04-3801816

205 W. RANDOLPH ST 1210

CHICAGO, IL 60608

Phone (312) 853-2150

Fax (312) 853-3119

Signature Todd M. Harrison

**FOR POST OFFICE USE ONLY**

NEW ADDRESS or BOXHOLDER'S NAME.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zipcode: \_\_\_\_\_

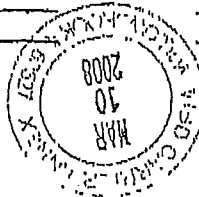
☒ Still at Address

☐ Not Known Address Given

☐ No Change of Address Order on File

☐ Moved, Left No Forwarding Address

☐ No Such Address



TOTAL P.01

TOTAL P.02